

# MARICOPA COUNTY AGENDA INFORMATION FORM

☐ Action   
 ☐ Presentation   
 ☐ Presentation & Action

**Agenda Number**

<b>Department:</b>		DEPT(2)   FY(2)   SEQ(3)   TYPE(1)   EXTEN(2)	
<b>Category:</b>		<b>C-</b>	
<b>Contact:</b>		Phone:	Continued from meeting of:
<b>Return to:</b>	<b>Location:</b>		Phone:
<b>Action requested:</b> (Include what, with whom, when, where, why, how much (\$) and terms)			
<b>Complete description of requested action:</b> (Include, if applicable, background, impact, long-term commitment)			
<b><u>Expenditure</u> Impact by FY(s):</b> (Provide detail on Financial Form)			
<input type="checkbox"/> No financial impact			

**Routing & Approval** (Sign & Date) (Per Responsibility of Signers Guidelines)

1. Dept	Date	6. Mat. Mgt	Date
2. CRO	Date	7. HR	Date
3.	Date	8. Legal	Date
4.	Date	9. OMB	Date
5. FEMD	Date	10. <b>CAO</b>	Date
		<input type="checkbox"/> Place on Agenda	

**Board of Supervisors Action**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Amended as follows:
<b>Clerk of the Board</b> <b>Date</b>	

## AGENDA FINANCIAL FORM

Agenda Control No.: \_\_\_\_\_

1. Department  
Name: \_\_\_\_\_

2. Financial Contact Person: \_\_\_\_\_ Direct Phone \_\_\_\_\_

3. Personnel Contact Person \_\_\_\_\_ Direct Phone \_\_\_\_\_

4. Was your OMB Analyst consulted during the completion of this form (Y or N)? \_\_\_\_\_

5. Does this item require a budget adjustment to be made (Y or N)?   N  

6. Accounting String Data: (Complete for all revenue and expenditure lines and for all fiscal years that are impacted. **Budgeted:** Y=Yes, N=No, A=Absorbed in budget (state how under "Comments" section below). If necessary, please provide completed LGFS forms (Budget Adjustment, Grant Master, etc.) or state when they will be provided.)

<u>FY</u>	<u>Budgeted</u>	<u>Fund</u>	<u>Agency #</u>	<u>Orgn #</u>	<u>Object</u>	<u>\$ Amount</u>	<u>Reporting Category</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

7. Comments:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature